APPLICATION FORM FOR TEMPORARY MEMBERSHIP

for flying as crew under instruction only

In consideration of your payment of the Membership fee, we are very pleased to welcome you to Shalbourne Gliding.

This form creates legally binding obligations between you and the Club.
You should read it carefully before signing it.

I apply for membership to fly in gliders as crew under instruction, for a period of

☐ One month (included with Trial Lesson, half-day course or voucher)

☐ One day, as invited guest of ……..(Full member)

Name:	Title Forenames Surname
Address (inc Postcode):	
Occupation:	
Home telephone number:	
Mobile:	
Email:	
Date of birth:	

Undertaking A:

In consideration of my being admitted [or continuing] as a full member of the Club, I agree to be bound by and observe: the Mandatory Safety Rules and Medical Notes; the Rules and Flying, Child Protection and other Regulations of the Club and the British Gliding Association. I also agree to consider any guidance and follow any instructions that I may be given and to take responsibility for my actions and those of any guests that I may bring to the gliding site.

☐ **I HAVE READ AND UNDERSTOOD THE MANDATORY SAFETY RULES AND MEDICAL NOTES. (Please tick)**

Note: The Mandatory Safety Rules and Medical Notes are provided on a separate sheet for you to keep for your information. You should have been supplied with the sheet when you were given this form. If you have not been given the sheet, please request it now.

I am over 18 years of age (*delete if under 18*)
For applicants under 18, this form must also be signed by the applicant's parent or guardian in the space provided overleaf

Signature of applicant Date

continue over (all applicants) ➔

The box below must be completed if the Applicant is under 18 years of age.

Name of Parent/Guardian:	Title Forenames Surname
Address (inc Postcode):	

Undertaking B:

I declare that I have read and understand Undertaking A above and that I am the Parent or Legal Guardian of the Applicant giving the undertaking, who is a Minor. I agree both on my behalf and on behalf of the Applicant to accept and be bound by Undertaking A. I am over 18 years of age.

By returning this completed form, I agree to my son / daughter / child in my care* taking part in the activities of the club. (* Please delete as necessary)

Signature of Parent/ Guardian	Date

Data Protection Declaration

I understand that my information will be used by the club for club purposes and to ensure that I am kept informed about club news and events.

I understand that from time to time it is necessary for the club to share information about its members with the British Gliding Association.

More information about how we treat your personal information is set out in the Club's Data Protection Policy.

Signature	Date

Signature of Parent/ Guardian	Date

Medical Declaration

When flying under instruction, you will be doing so with a suitably qualified pilot. There are specific medical requirements that individuals need to satisfy before they fly solo. This does not apply to pilots under instruction.

Please read the medical notes that have been supplied on the back of the Mandatory Safety Notes.

I declare that I will bring to the attention of my instructor, in confidence, any medical condition which could cause an adverse effect during flight.

I am aware that it is my personal responsibility to ensure that if there is doubt about my fitness to fly, I will not fly and will seek advice from my GP.

I understand that a formal medical declaration countersigned by my regular GP will be required before solo flight as set out in BGA Laws and Rules medical standards.

Signature	Date